

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589428

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		3				
5		3				
6	1					
7		4				
8		4				
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50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	14	←		←		←
TOTAL CLAIMS	18	[QR]		[QR]		[QR]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[QR]		[QR]		[QR]